

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

COUNTRY FIRST POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

228 S WASHINGTON STREET SUITE 115

☐Check if different  
than previously  
reported. (ACC)

ALEXANDRIA

VA

22314

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00457705

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☒

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

06

01

2011

through

06

30

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Sal Purpura

Signature of Treasurer

Electronically Filed by Sal Purpura

Date

07

07

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

COUNTRY FIRST POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M M  
0 6D D  
0 1Y Y Y Y  
2 0 1 1

To:

M M  
0 6D D  
3 0Y Y Y Y  
2 0 1 1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 1</span>		16155.86
(b) Cash on Hand at Beginning of Reporting Period .....	61685.04	
(c) Total Receipts (from Line 19) .....	94960.67	365565.47
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	156645.71	381721.33
7. Total Disbursements (from Line 31) .....	31520.22	256595.84
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	125125.49	125125.49
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

COUNTRY FIRST POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	6	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	11000.00	89690.00
(ii) Unitemized .....	13164.17	85293.75
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	24164.17	174983.75
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	33500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	24164.17	208483.75
12. Transfers From Affiliated/Other Party Committees .....	0.00	9835.48
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	2625.00	3981.89
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	68171.50	143264.35
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	94960.67	365565.47
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	94960.67	365565.47

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	26520.22	215545.84	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	26520.22	215545.84	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	41000.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	50.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	50.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	31520.22	256595.84	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31520.22	256595.84	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	24164.17	208483.75
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	24164.17	208433.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	26520.22	215545.84
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	2625.00	3981.89
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	23895.22	211563.95

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 / 22

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. EDLYN W. FREERKS

Mailing Address 5550 S. SHORE DRIVE  
APARTMENT 410

City State Zip Code  
CHICAGO IL 60637-5031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.3076946

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. HELEN W. GARRETT

Mailing Address 306 OLD OAK ROAD

City State Zip Code  
RICHMOND VA 23229-7536

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11.3077058

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DALE RUSSELL KING

Mailing Address 4001 GULF SHORE BLVD. N.  
UNIT 1202

City State Zip Code  
NAPLES FL 34103-2258

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 1 1

Transaction ID: SA11.3077165

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DENNIS MITCHEM

Mailing Address 77 E. MISSOURI AVENUE  
UNIT 63

City State Zip Code  
PHOENIX AZ 85012-1385

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.3076781

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ARUN PAUL NARANG

Mailing Address 23689 W. PETITE LAKE ROAD

City State Zip Code  
LAKE VILLA IL 60046-7298

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BLUE CROSS BLUE SHIELD AS-  
SOCIATION

Occupation  
INFORMATION TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5050.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.3077042

Amount of Each Receipt this Period

200.00

CONTRIBUTION

REATTRIBUTION TO SPOUSE  
REQUESTED

**C.**

Full Name (Last, First, Middle Initial)

MR. ARUN PAUL NARANG

Mailing Address 23689 W. PETITE LAKE ROAD

City State Zip Code  
LAKE VILLA IL 60046-7298

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BLUE CROSS BLUE SHIELD AS-  
SOCIATION

Occupation  
INFORMATION TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5050.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.3077043

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN A. NIELSEN

Mailing Address 925 PARK AVENUE  
UNIT 5A

City State Zip Code  
NEW YORK NY 10028-0210

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BROWN BROTHERS HARRIMAN  
& CO.

Occupation  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11.3077045

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM M. RIEGEL

Mailing Address 14 SURPLUS STREET

City State Zip Code  
DUXBURY MA 02332-4532

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.3076901

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. LOIS A. SIMONS

Mailing Address 3903 19TH AVENUE N.W.

City State Zip Code  
ROCHESTER MN 55901-0548

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.3077119

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5550.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM B. STOCKWELL

Mailing Address 892 LAFAYETTE DRIVE

City

MOUNT LAUREL

State

NJ

Zip Code

08054-3241

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STOCKWELL ELASTOMERICS

Occupation  
BUSINESS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.3076906

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM B. VOLLBRACHT

Mailing Address 2400 CHERRY CREEK DRIVE #402

City

DENVER

State

CO

Zip Code

80209-3257

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LAND TITLE GUARANTEE COMP-  
ANY

Occupation  
ENTREPRENEUR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11.3077044

Amount of Each Receipt this Period

2400.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. SUE T. WHITFIELD

Mailing Address 14 EATON SQUARE

City

HOUSTON

State

TX

Zip Code

77027-3109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.3076802

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

3650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LARRY F. WRIGHT

Mailing Address P.O. BOX 300

City

LONDON

State

TX

Zip Code

76854-0300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11.3076961

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

11000.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 22

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

BROOKE BUCHANAN

Mailing Address 2404 CHELTINGHAM ST

City

SYLVAN LAKE

State

MI

Zip Code

48320

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	1

Transaction ID: SA15.1

Amount of Each Receipt this Period

2450.00

REFUND-COMMUNICATIONS CON-  
SULTINGREIMBURSEMENT FOR OVERPAY-  
MENT FROM TERMINATED PATR-  
IOT FIRST PAC AFFILIATED  
TO COUNTRY FIRST PAC

SUBTOTAL of Receipts This Page (optional) .....

2450.00

TOTAL This Period (last page this line number only) .....

2450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 22

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DERBY H. WATKINS

Mailing Address 16301 KELLY WOODS DR

City

FT MYERS

State

FL

Zip Code

33908

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

143264.35

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA17.1

Amount of Each Receipt this Period

68171.50

LIST RENTAL INCOME

**SUBTOTAL** of Receipts This Page (optional) .....

68171.50

**TOTAL** This Period (last page this line number only) .....

68171.50

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BROOKE BUCHANAN

Mailing Address 2404 CHELTINGHAM ST

City  
SYLVAN LAKE

State  
MI

Zip Code  
48320

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21.4

Date of Disbursement

06 / 25 / 2011

Amount of Each Disbursement this Period

3000.00

B.

Full Name (Last, First, Middle Initial)

AMBER JOHNSON

Mailing Address PO BOX 16664

City  
ARLINGTON

State  
VA

Zip Code  
22216

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21.11

Date of Disbursement

06 / 15 / 2011

Amount of Each Disbursement this Period

3235.71

C.

Full Name (Last, First, Middle Initial)

AMBER JOHNSON

Mailing Address PO BOX 16664

City  
ARLINGTON

State  
VA

Zip Code  
22216

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21.12

Date of Disbursement

06 / 30 / 2011

Amount of Each Disbursement this Period

3235.71

SUBTOTAL of Disbursements This Page (optional) .....

9471.42

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SALVATORE PURPURA

Mailing Address 3870 NW 99TH AVE

City State Zip Code  
CORAL SPRINGS FL 33065

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21.5

Date of Disbursement

06 / 28 / 2011

Amount of Each Disbursement this Period

700.00

B.

Full Name (Last, First, Middle Initial)

MARHSALL SALTER

Mailing Address 308 W MYRTLE ST

City State Zip Code  
ALEXANDRIA VA 22301

Purpose of Disbursement  
POLICY CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21.19

Date of Disbursement

06 / 30 / 2011

Amount of Each Disbursement this Period

6000.00

C.

Full Name (Last, First, Middle Initial)

ADMINISTAFF

Mailing Address 19001 CRESCENT SPRINGS DR

City State Zip Code  
KINGWOOD TX 77339

Purpose of Disbursement  
PAYROLL SVC-INSUR-TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21.13

Date of Disbursement

06 / 15 / 2011

Amount of Each Disbursement this Period

875.49

SUBTOTAL of Disbursements This Page (optional) .....

7575.49

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ADMINISTAFF

Mailing Address 19001 CRESCENT SPRINGS DR

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement  
PAYROLL SVC-INSUR-TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21.14

Date of Disbursement

/   /

Amount of Each Disbursement this Period

875.49

**B.**

Full Name (Last, First, Middle Initial)

BANKCARD CENTER

Mailing Address PO BOX 569200

City DALLAS State TX Zip Code 75356

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21.23

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1180.63

**C.**

Full Name (Last, First, Middle Initial)

AT&T MOBILITY

Mailing Address PO BOX 6463

City CAROL STREAM State IL Zip Code 60197

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21.51

Date of Disbursement

/   /

Amount of Each Disbursement this Period

982.13

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

2056.12

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BANKCARD CENTER

Mailing Address PO BOX 569200

City  
DALLAS

State  
TX

Zip Code  
75356

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21.52

Date of Disbursement

06 / 14 / 2011

Amount of Each Disbursement this Period

29.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

EFAX

Mailing Address 6922 HOLLYWOOD BLVD

City  
LOS ANGELES

State  
CA

Zip Code  
90028

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21.50

Date of Disbursement

06 / 14 / 2011

Amount of Each Disbursement this Period

169.50

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

CAMPAIGN SOLUTIONS

Mailing Address 117 N ST ASAPH ST

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21.22

Date of Disbursement

06 / 08 / 2011

Amount of Each Disbursement this Period

1650.00

SUBTOTAL of Disbursements This Page (optional) .....

1650.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21.2

Date of Disbursement

06 / 15 / 2011

Amount of Each Disbursement this Period

64.76

B.

Full Name (Last, First, Middle Initial)

CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21.3

Date of Disbursement

06 / 21 / 2011

Amount of Each Disbursement this Period

5.00

C.

Full Name (Last, First, Middle Initial)

CMDI

Mailing Address 7704 LEESBURG PKE

City  
FALLS CHURCH

State  
VA

Zip Code  
22043

Purpose of Disbursement  
DATABASE/DATA ENTRY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21.7

Date of Disbursement

06 / 08 / 2011

Amount of Each Disbursement this Period

2802.54

SUBTOTAL of Disbursements This Page (optional) .....

2872.30

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

EDONATION

Mailing Address 117 NORTH ST ASAPH ST

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21.10

Date of Disbursement

/   /

Amount of Each Disbursement this Period

75.51

**B.**

Full Name (Last, First, Middle Initial)

FEDEX

Mailing Address PO BOX 371461

City  
PITTSBURGH

State  
PA

Zip Code  
15250

Purpose of Disbursement  
DELIVERY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21.8

Date of Disbursement

/   /

Amount of Each Disbursement this Period

23.29

**C.**

Full Name (Last, First, Middle Initial)

FEDEX

Mailing Address PO BOX 371461

City  
PITTSBURGH

State  
PA

Zip Code  
15250

Purpose of Disbursement  
DELIVERY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21.9

Date of Disbursement

/   /

Amount of Each Disbursement this Period

23.77

**SUBTOTAL** of Disbursements This Page (optional) .....

122.57

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

INTERNAL REVENUE SERVICE

Mailing Address 400 N EIGHTH ST

City  
RICHMOND

State  
VA

Zip Code  
23219

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21.15

Date of Disbursement

06 / 15 / 2011

Amount of Each Disbursement this Period

876.05

**B.**

Full Name (Last, First, Middle Initial)

INTERNAL REVENUE SERVICE

Mailing Address 400 N EIGHTH ST

City  
RICHMOND

State  
VA

Zip Code  
23219

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21.17

Date of Disbursement

06 / 30 / 2011

Amount of Each Disbursement this Period

876.05

**C.**

Full Name (Last, First, Middle Initial)

LOCKART ATCHLEY & ASSOCIATES LLP

Mailing Address 6850 AUSTIN CTR BLVD STE 180

City  
AUSTIN

State  
TX

Zip Code  
78731

Purpose of Disbursement  
ACCOUNTING CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21.1

Date of Disbursement

06 / 28 / 2011

Amount of Each Disbursement this Period

295.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2047.10

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MD STATE DEPARTMENT OF TAXATION

Mailing Address 301 W PRESTON ST

City Baltimore State MD Zip Code 21201

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21.16

Date of Disbursement

06 / 15 / 2011

Amount of Each Disbursement this Period

290.32

**B.**

Full Name (Last, First, Middle Initial)

MD STATE DEPARTMENT OF TAXATION

Mailing Address 301 W PRESTON ST

City Baltimore State MD Zip Code 21201

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21.18

Date of Disbursement

06 / 30 / 2011

Amount of Each Disbursement this Period

290.32

**C.**

Full Name (Last, First, Middle Initial)

NOVA-ELAVON

Mailing Address 7300 CHAPMAN HWY

City KNOXVILLE State TN Zip Code 37920

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21.6

Date of Disbursement

06 / 02 / 2011

Amount of Each Disbursement this Period

80.00

**SUBTOTAL** of Disbursements This Page (optional) .....

660.64

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

US MONITOR

Mailing Address 86 MAPLE AVE

City  
NEW YORK

State  
NY

Zip Code  
10956

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21.20

Date of Disbursement

/   /

Amount of Each Disbursement this Period

60.00

**B.**

Full Name (Last, First, Middle Initial)

US MONITOR

Mailing Address 86 MAPLE AVE

City  
NEW YORK

State  
NY

Zip Code  
10956

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21.21

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4.58

**SUBTOTAL** of Disbursements This Page (optional) .....

64.58

**TOTAL** This Period (last page this line number only) .....

26520.22

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JEFF FLAKE FOR US SENATE INC.

Mailing Address 6740 W DEER VALLEY RD

City  
GLENDALE

State  
AZ

Zip Code  
85310

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

Candidate Name  
Jeff Flake

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ

District:

Transaction ID: SB23.1

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

5000.00

TOTAL This Period (last page this line number only) .....

5000.00